

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**PROTON PUMP INHIBITORS**(Aciphex, Nexium, Prevacid, Prilosec, Protonix, Zegerid)

Patient name:\_\_\_\_\_Medicaid or SS#:\_\_\_\_\_

Physician Name:\_\_\_\_\_Contact person:\_\_\_\_\_

Phone#:\_\_\_\_\_Extensions and options:\_\_\_\_\_Fax #:\_\_\_\_\_

Pharmacy Name:\_\_\_\_\_Pharmacy Phone Number:\_\_\_\_\_

Medication and Dose Requested: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**CRITERIA FOR NON-PREFERRED PPI DOSED QD:**

**Prilosec OTC (omeprazole), omeprazole, and Prevacid are on the Preferred Drug List. If a provider wishes to prescribe a non-preferred drug, there must be documentation from chart notes showing the length of trial and reason for failure on at least one omeprazole product and Prevacid.**

**AUTHORIZATION:** 1 year

**RE-AUTHORIZATION:** Telephone call from the physician's office or pharmacy.

**CRITERIA FOR BID DOSING:**

**NOTE: Prilosec OTC is covered for BID dosing without an authorization.**

- ▶ Twice daily dosing is allowed with a prior approval for presenting acute states of **GERD, ulcers, or hypersecretory conditions.**
- ▶ Initial BID dosing will be approved for a preferred drug. Documentation showing trial and failure of at least one omeprazole product and Prevacid at BID dosing must be provided before a non-preferred PPI will be approved for BID use.
- ▶ **Fax Documentation to (801) 536-0477**

**Documentation required:**

- ▶ This completed form.
- ▶ Copy of Endoscopy report done within the past **2** years showing **GERD** or **ulcers.**
- ▶ Copy of Hypersecretory study showing the hypersecretory condition.

**AUTHORIZATION:** 2 months

**RE-AUTHORIZATION:** After the 2 months they will either have to go back to once a day dosing or seek special approval through the Drug Utilization Review Board.